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Contact: Carol Guthrie
(202) 224-4515

FINANCE PANEL VOTES TO STRENGTHEN INDIAN HEALTH PROGRAMS

Committee approves the Medicare, Medicaid, and CHIP Indian Health Care Improvement Act of 2007

Washington, DC – By a voice vote today, the Senate Finance Committee approved legislation to provide long-overdue updates to Indian health policies in programs under the Finance Committee’s jurisdiction, namely Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). The “Medicare, Medicaid, and CHIP Indian Health Care Improvement Act of 2007” provides \$52 million in additional funding for health care services on which millions of Native Americans rely. The legislation improves reimbursement procedures, bolsters outreach programs, and eliminates co-payments for patients of the Indian Health Service who rely on Medicare, Medicaid and CHIP. The bill also streamlines and updates rules and regulations that will enable federal health programs to work more effectively with the Indian Health Service.

“This bill provides critical funding and improvements to ensure that Tribal members get the quality health care that they deserve,” said Finance Committee Chairman Max Baucus (D-Mont.). **“The funding in this bill is sure to have a significant impact in Native communities. More kids will see doctors, more seniors will get their medications, and more injuries will be properly treated. Native communities deserve access to decent health care, and that is exactly what this bill will deliver.”**

The full Indian Health Care Improvement Act (IHCIA, S. 1200) was approved by the Senate Indian Affairs Committee on May 10, 2007, and is expected to incorporate the Finance-approved provisions prior to its consideration by the full Senate. The Finance Mark includes provisions to:

- clarify how Medicaid, Medicare, and CHIP pay Indian health providers,
- increase outreach and enrollment of Indians in Medicaid and CHIP,
- clarify protections to keep Indians in Medicaid from being charged co-payments, deductibles, and fees improperly, and to keep Indian health providers from being reimbursed at lower rates due to fees charged by a contract health service
- protect Indian health providers from discrimination in payment for services,
- require States and the Secretary of Health and Human Services to consult with Indian health providers on the administration of programs that affect Tribal communities,
- allow certain Indian health providers more flexibility to provide transportation and other services to ensure the treatment of Indian patients in need,
- ensure Indian health providers are paid appropriately by Medicaid managed care organizations, and
- require the Secretary to report on Indian enrollment in federal programs and related matters on an annual basis.

A summary of the Medicare, Medicaid, and CHIP Indian Health Care Improvement Act of 2007 follows here. A more detailed section-by-section of the Chairman’s Mark is available on the Finance Committee website at <http://finance.senate.gov/sitepages/legislation.htm>.

THE MEDICARE, MEDICAID, AND CHIP INDIAN HEALTH CARE IMPROVEMENT ACT OF 2007

- ***Facilitates Federal Payments to Indian Health Programs.*** Under current law, only some Indian health programs may be reimbursed by Medicaid, Medicare, and CHIP when they provide services to covered individuals. The legislation expands reimbursement to the full range of Indian health programs, including IHS facilities, Indian Tribes, Tribal Organizations, and Urban Indian Organizations.
- ***Improves Medicaid and CHIP Access.*** The bill improves access to Medicaid and CHIP programs for Indians residing on or near reservations by directing the Secretary of HHS to encourage States to achieve this goal using strategies like allowing program enrollment on or near the reservation, providing program outreach and education for Indian communities, and providing translation services.
- ***Increases Outreach and Enrollment of Indians in CHIP and Medicaid.*** The legislation allows states to exceed the current cap on total CHIP outreach spending to enroll Indian children and provide outreach.
- ***Eliminates Cost-sharing, Premiums and Eligibility for Medicaid and CHIP.*** The bill amends Medicaid and CHIP to exempt Indians from enrollment fees, premiums, deductions, co-payments, cost sharing, or similar charges for those who receive services from the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization.
- ***Authorizes Payment for Services under Federal Health Programs.*** Some Indian health care providers are not currently licensed under state and local laws. Under this legislation all health care providers operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization will be given state or local license to provide health care services, for the purpose of federal reimbursement for programs such as Medicare, Medicaid and CHIP, so long as these entities meet generally applicable standards for licensure.
- ***Institutes Consultation with Tribes on Federal Health Programs.*** The bill amends the Social Security Act to establish a Tribal Technical Advisory Group (T-TAG) to help the Secretary identify and address issues affecting Indians in federal health care programs. It also requires States to regularly seek advice from designees of Indian Health Programs.
- ***Exclusion Waiver Authority for Affected Indian Health Programs.*** The bill allows the Secretary to grant an exception to federal regulations that may cause particular hardship to a specific Indian Health Program. This section also creates more flexibility in the way Indian Health Care Programs can pay outside providers for related services.
- ***Modifies Medicaid Managed Care Entity Rules.*** The legislation amends Medicaid's managed care rules to specify actions that States and managed care plans must take to guarantee appropriate payment for Indian health care provider services to Indians in Medicaid and CHIP.
- ***Creates an Annual Report on Indians Covered by Federal Health Programs.*** The bill requires the Secretary to submit a report to Congress regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year.